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APPLICANTS

Van D. Merkle, Centerville, OH; *NB*** CONTINUING DATA ***** *NONE NB*** FOREIGN APPLICATIONS ***** *NONE NB*IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 04/01/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 36 32	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

Verified and Acknowledged

Nathan D. Brown NB
 Examiner's Signature Initials

ADDRESS

27805

TITLE

System and method for medical diagnosis

FILING FEE RECEIVED 572	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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